

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title:	PROCESS FOR PREPARING CRYSTALLINE FORM I OF CABERGOLINE
Attorney Docket Number::	H053912.0133US0
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	IT
Status::	Full Capacity
Given Name::	Atillio
Family Name::	TOMASI
City of Residence::	Milan
Country of Residence::	IT
Street of mailing address::	Via Tommaso Gulli, 49
City of mailing address::	Milan
Country of mailing address::	Italy
Postal or Zip Code of mailing address::	20147

Applicant Authority Type::	Inventor
Primary Citizenship Country::	IT
Status::	Full Capacity
Given Name::	Stefania
Family Name::	MAGENES
City of Residence::	Melzo
Country of Residence::	IT
Street of mailing address::	Via Oreglio, 8
City of mailing address::	Melzo
Country of mailing address::	Italy
Postal or Zip Code of mailing address::	20066

Applicant Authority Type::	Inventor
Primary Citizenship Country::	IT
Status::	Full Capacity

Given Name:: Mario  
Family Name:: UNGARI  
City of Residence:: Milan  
Country of Residence:: IT  
Street of mailing address:: Via Pietro Calvi, 10  
City of mailing address:: Milan  
Country of mailing address:: Italy  
Postal or Zip Code of mailing address:: 20129

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: IT  
Status:: Full Capacity  
Given Name:: Giuliano  
Family Name:: RAMELLA  
City of Residence:: Vailate  
Country of Residence:: IT  
Street of mailing address:: P. le Europa, 1A  
City of mailing address:: Vailate  
Country of mailing address:: Italy  
Postal or Zip Code of mailing address:: 26019

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: IT  
Status:: Full Capacity  
Given Name:: Gianfranco  
Family Name:: PALLANZA  
City of Residence:: Milan  
Country of Residence:: IT  
Street of mailing address:: Via Savona, 94/A  
City of mailing address:: Milan  
Country of mailing address:: Italy  
Postal or Zip Code of mailing address:: 20144

### **Correspondence Information**

Correspondence Customer Number:: 001200  
Phone Number:: 713-220-5800  
Fax Number:: 713-236-0822  
E-Mail address:: dmason@akingump.com

### **Representative Information**

Representative Customer Number: 001200

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	CON	10/239,636	02/03/2003

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
WO	PCT/EP02/03099	03/19/2001	Yes
GB	0007308.0	03/24/2000	Yes

**Assignee Information**

Assignee Name:: Pharmacia Italia, S.p.A.  
Street of mailing address:: Via Robert Koch, 1.2  
City of mailing address:: Milan  
Country of mailing address:: Italy  
Postal or Zip Code of mailing address:: 20152